CAP "Training > Biosafety" Response Palette, 1-25-08

Improving operations at labs

- Risk assessment*
- Written protocols
- Ongoing training
- Exposure control plan
- Routine monitoring for staff compliance

Biosafety ≠ zero risk

- Risk from unknown specimen greater than risk from CAP survey, e.g. clinical lab first worked on Monkeypox
- Important not to confuse select agent status with level of risk in the lab. Some lab associated high-risk agents are not select agents
- High risk organisms not seen frequently, thus need for regular training and exercises
- Example of success: OSHA requirement for annual training in bloodborne pathogens improved biosafety practices

TRAINING IS KEY TO DIAGNOSTIC LAB BIOSAFETY. (ICY ROAD METAPHOR – INEXPERIENCE DRIVER MORE LIKELY TO SKID/HAV ACCIDENT)

Improving National Systems

- New BMBL improves/clarifies some recommendations.
- CLIA outlines basic safety requirements but none for biosafety cabinets. Biosafety on agenda for February CLIAC meeting.
- No national system for monitoring lab acquired infections, some research but don't know the full extent of the problem
- Regulation is not the only answer, e.g., Texas A&M lab, highly regulated, still had lab acquired infections

Building Capacity for Safety

- Some labs do not have a biosafety cabinet or must share. Cost to purchase, maintain one.
- Training: must be ongoing. Inexperienced staff
- Workforce: staff inexperienced due to turnover or overstretched staff due to workforce shortage